

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/617,734
	Filing Date	July 14, 2003
	First Named Inventor	Gregory GREGORIADIS
	Title	LIPOSOMES
	Art Unit	1635
	Examiner Name	R. Schnizer
Attorney Docket No.		429022000600

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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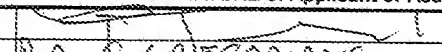
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	30 May 2007
Name	Mr. G. GREGORIADIS	Telephone	0721410 5466
Title and Company	DIRECTOR, LIPOXEN PLC Lipoxen Technologies Limited		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.